

**LEON COUNTY, FLORIDA  
TRAVEL REQUEST FORM**

Attachment # 1  
Page 1 of 2

Traveler's Name: Cliff Thael Traveler's Title: Commissioner

Department Name: BOCC Division Name: \_\_\_\_\_

Destination: Milwaukee, WI

Purpose of Trip: To attend National Association of Counties Annual Conference

Departure Date: 10-Jul-03 Time: 7:00 a.m.

Return Date: 16-Jul-03 Time: 6:00 p.m.

ITEM	ESTIMATED EXPENSES
Lodging	\$1,239.00
Meal Allowance for Meals NOT Included in Registration Fee (attach agenda):	
Breakfast \$3	\$21.00
Lunch \$6	\$42.00
Dinner \$12	\$36.00
Per Diem in Lieu of Actual Expense(s) for Meals and Lodging at \$12.50 Per Quarter of each Day	\$
Common Carrier (e.g, Air, Plane, Bus)	\$251.90
Rental Car - rental fee	\$
Fuel for Rental or County Owned Vehicle	\$
Use of Personal Vehicle:	
No. of miles per official DOT mileage map (attach documentation if calculated by other than DOT map)	
Travel miles times \$.29 per mile	
Est. # of Vicinity Miles: (Allowable for official business, but must be requested separately)	
Vicinity miles times \$.29 per mile	\$
Registration	\$440.00
Miscellaneous Expenses:	
Limousine/Taxi Fares	\$60.00
Public Transportation	\$20.00
Parking	\$
Communications -- (only calls/faxes for county related business may be reimbursed)	\$50.00
Other Miscellaneous Allowed by Policy	\$
<b>TOTAL ESTIMATED EXPENSES</b>	<b>\$2,159.90</b>

LEON COUNTY, FLORIDA  
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Page 2

Attachment # 1  
Page 2 of 2

Account Number(s) to be Charged for Trip:

Account Number:	Amount:
001-107-54000-511	\$2,159.90

If a check is requested for an advance or prepayment, complete the following section. (NOTE: The

Purchasing Card may also be used for this purpose in lieu of requesting checks.)

Amount	Account Number	Vendor Number	Payable To:		Check One:	
			Name:	Address:	Mail	Pickup

APPROVAL SIGNATURES

Traveler: Buff Thall

Date: 6/30/03

Supervisor/Division Director: \_\_\_\_\_

Date: \_\_\_\_\_

Department Director: \_\_\_\_\_

Date: \_\_\_\_\_

County Administrator: \_\_\_\_\_

Date: \_\_\_\_\_